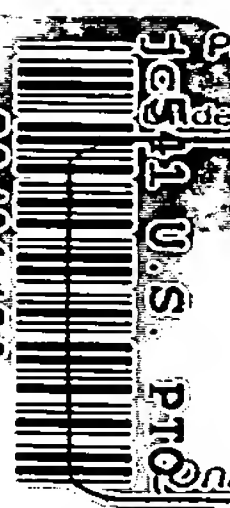


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PTO/SB/05 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL

Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	
First Inventor	Albert G. Choate et al.
Title	Variable Incidence Oblique, Etc.
Express Mail Label No.	ET676984969US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
 2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
 3. ☒ Specification [Total Pages *(preferred arrangement set forth below)*
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings *(if filed)*
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
 4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets - 5. Oath or Declaration [Total Pages - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☒ 37 CFR 3.73(b) Statement ☒ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document *(if applicable)*
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label ☐ Correspondence address below

Name	Shlesinger, Fitzsimmons & Shlesinger				
Address	183 East Main Street - Suite 1323				
City	Rochester	State	N.Y.	Zip Code	14604
Country	U.S.A.	Telephone	716-325-4618	Fax	

Name (Print/Type)	Philip K. Fitzsimmons	Registration No. (Attorney/Agent)	19955
Signature	<i>[Signature]</i>	Date	Feb. 21, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application Washington, DC 20231.

SHLESINGER, FITZSIMMONS & SHLESINGER

PATENT, TRADEMARK AND COPYRIGHT LAW

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February 21, 2002

BOX NEW PATENT APPLICATION

Commissioner For Patents & TMs

2900 Crystal Drive

Arlington, Virginia 22202-2327

"Express Mail" mailing label number

ET676984969US

Date of Deposit: February 21, 2002

I hereby certify that this paper or fee is being deposited with the United States Postal Service as "Express Mail Post Office To Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to BOX NEW PATENT APPLICATION, Commissioner For Patents & TMs, 2900 Crystal Drive, Arlington, Virginia 22202-2327.

Attached to this statement are the following documents:

Patent Application

3 Sheets Formal Drawing and 2 copies

Abstract of The Disclosure

Small Entity Status Claimed

Express Mail Certification

Filing Fee \$410.00

Assignment

Applicants: Albert G. Choate and William R. Gilman

Title: Variable Incidence Oblique Illuminator Device

Karen M. Hite

(Name of person mailing paper or fee)



(Signature of person mailing paper or fee)

2002 FEB 21 10 23 AM

February 21, 2002

Date

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

Transmitted herewith for filing is the patent application of

Albert G. Choate and William R. Gilman

for Variable Incidence Oblique Illuminator Device

Enclosed are:

- ☒ 3 sheets of drawings, plus 2 copies each
- ☒ an assignment of the invention to Optical Gaging Products, Inc.
- ☐ a certified copy of a _____ application
- ☐ associate power of attorney
- ☒ a verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27
- ☒ the filing fee has been calculated as shown below:

FOR	(Col. 1)	(Col. 2)	SMALL ENTITY		OTHER THAN SMALL ENTITY	
	No. Filed	No. Extra	RATE	FEE	RATE	FEE
BASIC FEE				\$ 370.00		\$740.00
TOTAL CLAIMS	10 -20	0	x \$9	0.00	x \$18	
INDEPENDENT CLAIMS	1 -3	0	x \$ 42	0.00	x \$ 84	
MULTIPLE DEPENDENT CLAIM PRESENT			x \$ 140		x 280	
ASSIGNMENT FEE				\$ 40.00		
			TOTAL	\$410.00	TOTAL	\$

- ☐ Please charge my Deposit Account No. 19-2100 in the amount of \$ _____
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required at any time during the prosecution of this application without specific authorization, or credit any overpayment to Deposit Account No. 19-2100. A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 410.00 to cover the filing fee is enclosed.

☒ Any additional filing fees required under 37 CFR 1.16.

I (We) claim priority under the International Convention of my (our)

application No. _____ filed _____

Attorney of Record

Of: Shlesinger, Fitzsimmons & Shlesinger
183 East Main Street, Suite 1323
Rochester, New York 14604